FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1		ORGANIZATION										
		(See instructions)					Office use only					
NAME OF COMMITTEE	(in full)	(Checl is char	k if name nged)		ple: If typying he lines	ı, type	12FE	4M5				
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ADDRESS (number	and street)	P.O. Box 2	66 					ш			ш	1 1
(Check if addischanged)	ress	Furlong					L PA]		18925	<u>——</u> Ј-Ц	
			C	CITY			STATE	•		ZIP C	ODE 🛮	
COMMITTEE'S E-	MAIL ADDF	RESS (Please provide	e only one e-ma	ail addre	ss)							
(Check if addres	ress	gloria_car	ineo@yaho	o.com							لــــــا	
is changed)				1 1			1.1		1.1	1 1		1.1
(Check if addischanged) 2. DATE		D D / Y Y 20	() Y							_		
3. FEC IDENTIF	ICATION N	UMBER	С	C004	174049							
4. IS THIS STAT	FEMENT	NEW (N)	OR	X	AMEND	ED (A)						
I certify that I have ex	camined this	Statement and to the b	est of my knowl	edge and	belief it is true	e, correct ar	ıd comple	te				
Type or Print Name	e of Treasure	er GLORI	A CARLINE	0								
Signature of Treas	urer El <u>ec</u>	tronically Filed by	GLORIA CA	RLINE	0		Date	^M 1 2	/	02	Υ	2 0 1 0
NOTE: Submission	of false, erron	eous, or incomplete in								2 U.S.C. {	§437g.	
Office Use Only					For further in Federal Election Toll Free 800- Local 202-694	on Commis 424-9530				EC F(